

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4476

1. PLACE OF DEATH

County Cooper Registration District No. 258

Township Boonville Primary Registration District No. 3015

City Boonville (No. _____) St. _____ Ward _____

File No. _____

Registered No. 7

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (OR) WIFE OF

John Mansager

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 27-1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

34

7

7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cooper County Missouri

10. NAME OF FATHER

Richard Tennes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Caroline Mueller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Switzerland

14.

INFORMANT

(Address)

Richard Tennes
Boonville Mo

15.

FILED

Feb 5 - 1930 J. H. Smiley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 24 1930 to Feb 3 1930

that I last saw him alive on Feb 3 1930, and that death occurred, on the date stated above, at Boonville Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Croupous (lobar) pneumonia
(right lower lobe)

(duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY)

pregnancy (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Helen Ravenwood M. D.

Boonville Mo (Address) Boonville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Walnut Grove Cem

Feb 5 1930

20. UNDERTAKER

ADDRESS

Goodman & Bolles Boonville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18-1930

